

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/588374
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2		/	/	/	/	/	52						
3		/	/	/	/	/	53						
4		/	/	/	/	/	54						
5		/	/	/	/	/	55						
6		/	/	/	/	/	56						
7		/	/	/	/	/	57						
8		/	/	/	/	/	58						
9		/	/	/	/	/	59						
10		/	/	/	/	/	60						
11		/	/	/	/	/	61						
12		/	/	/	/	/	62						
13		/	/	/	/	/	63						
14		/	/	/	/	/	64						
15		/	/	/	/	/	65						
16		/	/	/	/	/	66						
17		/	/	/	/	/	67						
18		/	/	/	/	/	68						
19		/	/	/	/	/	69						
20		/	/	/	/	/	70						
21		/	/	/	/	/	71						
22		/	/	/	/	/	72						
23		/	/	/	/	/	73						
24		/	/	/	/	/	74						
25		/	/	/	/	/	75						
26		/	/	/	/	/	76						
27		/	/	/	/	/	77						
28		/	/	/	/	/	78						
29		/	/	/	/	/	79						
30		/	/	/	/	/	80						
31		/	/	/	/	/	81						
32		/	/	/	/	/	82						
33		/	/	/	/	/	83						
34		/	/	/	/	/	84						
35		/	/	/	/	/	85						
36		/	/	/	/	/	86						
37		/	/	/	/	/	87						
38		/	/	/	/	/	88						
39		/	/	/	/	/	89						
40		/	/	/	/	/	90						
41		/	/	/	/	/	91						
42		/	/	/	/	/	92						
43		/	/	/	/	/	93						
44		/	/	/	/	/	94						
45		/	/	/	/	/	95						
46		/	/	/	/	/	96						
47		/	/	/	/	/	97						
48		/	/	/	/	/	98						
49		/	/	/	/	/	99						
50		/	/	/	/	/	100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						